2025 SOUTH FAYETTE YOUTH VOLLEYBALL CAMP

@ South Fayette High School For **BOYS & GIRLS** entering 3rd, 4th, 5th, 6th, or 7th in the 2024-25 school year

June 9th, 10th and 11th



VOLLEYBALL DEVELOPMENT CAMP

This camp is specifically designed to introduce and develop fundamental volleyball techniques and skills including passing, setting, hitting, serving, and game play. During each day a different aspect of athletic development will be discussed including flexibility and balance, strength training, movement skills, footwork, and jumping technique. This camp program is intended for

all skill levels. No prior experience is necessary.

When: June 9th, 10th, & 11th

Times: 9:00-11:30 Additional sessions may be added depending on enrollment

Location: SF High School Gym

Cost: \$100 (includes camp t-shirt) Make checks payable to **Scott Sundgren**





Camp Director

Coach Scott Sundgren is the head volleyball coach for the varsity girls' and boys' teams. He is also the middle school girls' coach. He has been coaching for the 27 years. In that time, the team has made 23 WPIAL playoff appearances, including seven final four matches, two finals, and six PIAA state playoff births. He has coached all level of players from youth to Division 1.

REGISTER ONLINE @ https://tinyurl.com/5hc7dnzz

sesundgren@southfayette.org

412-221-4542 ext. 701

Camp Registration Form - 2025

please print neatly

CAMPER'S NAME		
STREET ADDRESS		
CITY	STATE	ZIP
HOME PHONE		
EMAIL		
EMERGENCY CONTA	CT NAME	
EMERGENCY CONTA	CT PHONE NUMBER	
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I-SNITT SIZE - Please CITCle One (If no size is selected, a youth medium will be purchased)

Youth – S M L Adult – S M L

GRADE ENTERING 2025-2026

AGE

Group Insurance #

Insurance Agreement #

I understand that South Fayette does not carry medical or accident insurance for those attending this camp and I hereby certify that my child is covered by a personal insurance policy or is included in a medical policy in which I have in force. I hereby authorize routine medical care for the above name attendee and I authorize treatment not considered routine to be referred to local physicians and medical facilities at my cost.

Parent's Signature

Date

Please send or drop off this registration form to:

South Fayette Intermediate School Attn. Scott Sundgren 1200 Lt. Will Way McDonald, PA 15057